



Department of Growth Management
Building Division

BF31

LETTER OF TRANSMITTAL

Revision #

Intake Initials

Submittal will be mailed back if this is not filled out completely.

To be completed by
the Building Division.

Permit No. _____ Master No. _____

Contractor Name _____

Telephone _____ Fax _____

- Resubmittal (response to checklist) - Check one ☐ Yes ☐ No
- Revision (permit is issued) **\$50 FEE** - Check one ☐ Yes ☐ No
If adding a subcontractor, make sure to list their name and license no.
- Response to letter dated, _____.

List items submitted _____

STOP – Below to be completed by the Building Division.

PLANS ON SHELF ☐

PAGES INSERTED ☐

REVIEW

BY

RESULT

Building	<input type="checkbox"/>	_____	_____
Mechanical	<input type="checkbox"/>	_____	_____
Plumbing	<input type="checkbox"/>	_____	_____
Electric	<input type="checkbox"/>	_____	_____
Fire	<input type="checkbox"/>	_____	_____

Date Called / Initials

Picked Up By: _____

Signature

Printed Name

Date

CONTRACTOR _____
DATE IN _____
PERMIT NO. _____
PROJECT _____
RESIDENTIAL ☐ COMMERCIAL ☐ OVER THE COUNTER ☐ COMM. EXPRESS ☐